Medical Direction and Practice Board
18-Oct-06
Minutes

In Attendance Members: Dave McKelway, David Ettinger, Kevin Kendall, Eliot Smith, Steve Diaz

In Attendance Staff: Jay Bradshaw, Dawn Kinney, Scott Smith

In Attendance: Kim McGraw, Joe LaHood, David White, Paul Marcolini, Robin Overlock, Warren Waltz, Peter Goth, Lori Metayer, Ginny Brockway, Rick Petrie (Ops and Ed Rep), Jonnathan Busko, Dan Batsie, Alan Azzara (Board Rep)

Topic	**Discussion**	**Action(s)**
1) Minutes from July 2006	No discussion	For Acceptance: First by McKelway, Second by Smith, Unanimous vote in favor
2) Legislative, Budget, EMSTAR updates	No update	None
3) NAEMSO	Diaz recited the following: Highpoints: 1) Drug assisted intubation only with strong QA and QI and full RSI where this is performed (not selective drug protocols) 2) National insurance effort for EMS medical directors—including making state medical directors agents of the state 3) National survey of EMS medical directors to get a flavor of who is doing this job and how they are supported 4) Mutual state aid: we have the MMRS developing and is on the November regional agenda 5) Nursing home assessment and triage guidance 6) CMS ruling on Parking patients in the ED 7) CIT and NAEMSP a year away from having web-based medical director course in place 8) National scope of practice: NHTSA goal of national standards, on version 4.1 9) ED overcrowding/Hospital overcrowding issue 10) Performance measure—what can we study as a nation 11) IOM report with reference to National Protocol guidelines—ACEP, NAEMSP and NAEMSO all looking at this 12) National work force—who is doing what—Drew Dawson 13) NDLS: push to regional centers, must going thru ACEP (alert Kendall)	

4) DNR Update:	Bradshaw presented the update and the protocol changes that would be necessary to reflect the naming of the new form. Dr. Goth queried whether we will keep the orange forms and about the advanced directives piece. This update is a legislative update and helps us standardize with other medical providers. Dr. Goth also asked that this topic be reflected in the OLMC course under development.	DNR Vote: Acceptance of the new protocol is made by Smith, seconded by McKelway, and with unanimous approval
5) Protocol Assignments	See attached. Request to add sedation protocol as well. The attached also shows when we will present our pieces	No further action at this point
6) Res Q Pods	This is a AHA Class I presented by Batsie. It is a device fitting on the end of an ET tube and gives a positive end inspiratory pressure. Batsie will circulate the data and we will discuss this next meeting to see how we can mold this if needed to fit an interim protocol or perhaps in some other form	Will rediscuss next month and see if we need to adapt or adopt this
7) AHA and CPR updates	Discussion of circulated letter. What happens on PIFT if the requesting physician asked for something a bit different than in protocols. The intent is to not issue something interim which is confusing, especially in that the full AHA materials are not yet available. Persons can and should be trained to the acceptable AHA guidelines, and using the guidelines as updated is OK. The AEDs will need to be reprogrammed as well. The real change is CPR first and whenever any delay for anything. The high shock first without stacking also is the other major change. No pharmacologic changes, and Res Q Pod and hypothermia helmets are quite debatable.	Scott will rework letter to include the CPR first and new shock advisory. May look to Petrie as resource for AED issue.

8) OLMC presenation	Busko presented updated OLMC program, feedback given directly as program progressed. At some point, will need to develop fully how this weighs in to the state as a whole such as certification, etc. We have discussed in past especially with voluntary beta subjects from MDPB and Maine ACEP. Some controversial issues such as diversion and MCI/Disaster medicine may be more appropriate for a more robust medical director's course. Examples of feedback include the omission of stretcher side medic to physician communication and softening some of the verbiage. Around testing, four scenarios with multiple choice tests.	Feedback given as this was progressing, and Busko is able to take other suggestions as this matures. Consensus of excellent work by Busko.
9) CPAP	Presentation by Busko for boussignac valve for CPAP. Is simple device that allows variable pressures, in line neb and cheaper initial cost. Batsie discussed addition of Saco. Data from this ongoing trial to be presented next month.	Motion to accept device and study expansion by Kendall, second by Smith, and unanimous approval
10) Protocol and QI needs	Diaz offered the MEMS QI committee as the conduit for data if needed and obtainable for the medical directors as the protocols are revisited	No action
11) HART and IRB	The HART committee will have a statewide QI process in place for prehospital, ED, intrahospital, and receiving hospital QI. Reminder that prehospital and intrahospital QI is under MEMS, and anything requiring an IRB would come under the MDPB	No action
12) Disaster/Pan Flu Planning	Diaz and Bradshaw to meet with the Maine CDC, still need to understand what they will announce and the expectations on EMS so we can draft appropriate protocols	No action
13) PIFT Update	Lesson plan 99% done, plan to go live December 1, 2006.	Error in June 2006 MDPB minutes, and did not mean to include epidurals; the PIFT document excludes epidurals and PCAs otherwise is OK--we are not reversing this
14) Transport of devices language	Busko et al have developed, will send to Diaz who will circulate	No action, Diaz will circulate once received.
15) EMD QI	The Maine EMS QI committee will act as the EMD QI committee as well since this will fall under EMS. The MDPB is asked to help with medical direction when needed in this process as the EMS group defines itself and gets its processes into place.	Met with general acceptance.

16) Seasonal Flu Immunization for Paramedics to administer	Request for paramedics to be able to give ems force care for seasonsal influenza vaccination. Some confusion intially with how this may or may not include pan flu-- at this point, we are solely looking at seasonal influenza vaccination and not other types of vaccinations. Busko states he can put a form together.	Motion to accept by Kendall, second by McKelway, and unanimous acceptance for seasonal flu vaccination abiity for paramedics. Busko to get to Diaz who will circulate to the MDPB and Bradshaw will get to Education and Ops.Needs to go through appropriate channels before live adoption.
17) EZ IO	Most have attended classes taught by Maine EMS IC, which is mandatory to use this device	Batsie will discuss with Scott